IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n- 1	Re Application of: Delit BARKAN et al										Ar Unit 1842							
										Examinar: K. Canella								
Optication (45: 00460)001											Washing	ton, D.C.						
iled: February 22, 2000											Atry.'s Docket: 8ARKAN=2							
For. LEF	OF: LEPTIN AS AN INHIBITOR OF TUMOR CELL PROLIFERATION										•							
												ily 31, 200						
2011 SOL	rth Clar Iaza Tv	zo, Labby, Roo							,		BY TE	LEFA	CSIMIL	E.				
Sir:																		
in the ab [] S DXXI N	ove-ide mall En o additi	otified applicat	ion. oplicant(s) d uired.	laim	small entity sta	inder 37 CFR 1 tus. See 37 C.		7.										
		40-1-41			(Col. 2)	(Col. 3)				SMALI	ENTITY		_	0	THER THAN	SMALL E	NTITY	
		(Col. 1) CLAIMS EMAINING AFTER		P	GHEST NO. REVIOUSLY PAID FOR	PRESENT EXTRA EQUALS			RATE		ADDI	TIONAL EE	OR		RATE		rional ee	
TOTAL	 ^	MENDMENT 19	MINUS	**	27	0	1	x	9		\$			X	18	\$		
TOTAL INDEP.	1.	1	MINUS			0]	×	42		\$		4	X	84	\$		
FIRST	RESE	NTATION OF	MULTIPLE	DEP	. CLAIM		_ ADDITIO	+	140		\$		OR	+	280 TOTAL	\$		
poq :	The "Hi of claim Condition If any e	ghest Number s originally file onal Petition fo xtension of time	Previously I d. r Extension e for a resp	Paid of Ti	For (total or in ime is required, ap	PACE Is less to dependent) Is to opticant request	he higher	st nui	mber fo	ound fr	om the ec	erefor.						
[]	lt is her	aby pastioned	for an exter	nojar	of time in acco	ordance with 37	CFR 1.1	3 0 (a), INU	approj	Maio 199	i adan aa a	y 57 54 14	,.,,				
	Small	Entity								er Than Small Entity								
		nse Flied With	in				Reaponsé Filed Within (1) First - \$ 110.00											
	$\mathbf{L}.\mathbf{I}$	First •	\$ 55.00				•		[]	Firs Sec		\$ 410.00						
	1 1	Second -	\$ 205.00 \$ 465.00						; ; []	Thir		\$ 930.0						
		Third - Fourth -	\$ 725,00						ii	Fou		\$ 1450.0	0					
	[] Month	After Time Pe							Month .	After 1	ime Perk	od Set						
		Less fees (\$_		ady	paid for m	onth(s) extensio	on of time	on_				,						
, 1	Please	charge my De	aposit Accou	ImiN	io. 02-4035 in t	he amount of \$												
	Condit	Card Payment	Form, PTC	-209	8, is attached,	authorizing pay	ment in t	ne ar	mount c	of \$								
		k in the amou				hed (check no.												
bod [1	The Coverps Extens §1.18	ommissioner is syment to Dept	s hereby aut bsit Account e, not cover processing t	NO.	ed and reques 02-4035. This	ted to charge a authorization a cific authorizatio §1.17 througho	ny additio	27.12	not mak	-	P49(170)(1	fees for the blanket au	e presente thorization	ation of does	fextra claims <u>not</u> include p	under 37 stent issu	CFR	
												8 R	OWDY A	ND NE	IMARK, P.L.L	C.		
											. '	Att	orneys for	Applic	ant(s)	/		
						*							/	•	//	12	وكورس	
, Facsi	mile	(202) 737-35	528									Ву	Roger L	- Brow	KIV ,	-	7	
	hone: ππε	(202) 628-5										L			lo. 25.618		/	